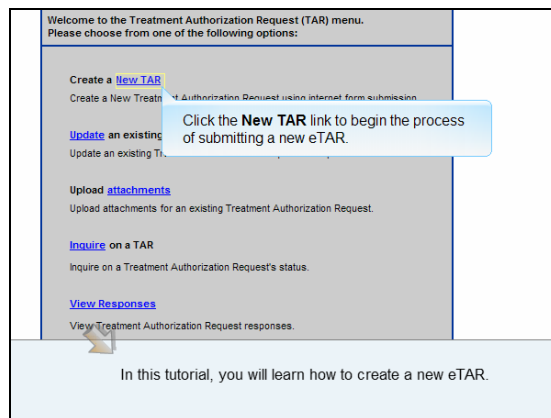




Step 1: Provider Information

Note: Information used to complete examples is fictitious.



In this tutorial, you will learn how to create a new eTAR.

Click the **New TAR** link to begin the process of submitting a new eTAR.

Provider Information

Submitting Provider #
XXX123456

Provider Information is pre-populated based on the provider number used to log on to Transaction Services.

Provider Name
SEAN'S MEDICAL SERVICE

Phone #
(555) 555-5555

Fax #
() () ()

Street/Mailing Address
123 MY PLACE DR.

City
HOMETOWN

State
CA

Zip Code
90000

Contact Name
() () ()

* TAR Completed By
() () ()

Contact Phone #
() () ()

Contact Extension
() () ()

Note: Fields designated with an asterisk (*) are required for eTAR submission. Non-asterisk fields may be necessary for eTAR adjudication. Provider Information is the first requested information collected in the new eTAR process.

Note: Fields designated with an asterisk (*) are required for eTAR submission. Non-asterisk fields may be necessary for eTAR adjudication.

Provider Information is pre-populated based on the provider number used to log on to Transaction Services.

Provider Information is the first requested information collected in the new eTAR process.

Provider Information

Submitting Provider #
XXX123456

Medicare Cert?
☐

Provider Name
SEAN'S MEDICAL SERVICE

Phone #
(555) 555-5555

Fax #
() () ()

Street/Mailing Address
123 MY PLACE DR.

City
HOMETOWN

State
CA

Zip Code
90000

Contact Name
() () ()

* TAR Completed By
() () ()

Contact Phone #
() () ()

Contact Extension
() () ()

If you are trying to submit an eTAR for a different provider number, you must log off and log on to Transaction Services again using a different provider number.

If you are trying to submit an eTAR for a different provider number, you must log off and log on to Transaction Services again using a different provider number.

Provider Information

Submitting Provider # Medicare Cert? ☐

Provider Name
SEAN'S MEDICAL SERVICE

Phone # Fax #

Street/Mailing Address
123 MY PLACE DR.

City State Zip Code

Contact Name * TAR Completed By

Contact Phone # Contact Extension

Type the full name of the person entering the eTAR information in the **TAR Completed By** field.

Type the full name of the person entering the eTAR information in the **TAR Completed By** field.

☐

Provider Name
SEAN'S MEDICAL SERVICE

Phone # Fax #

Street/Mailing Address
123 MY PLACE DR.

City State Zip Code

Contact Name

Contact Phone #

* TAR Completed By

Click **Continue**.

Continue

Complete additional contact information fields as necessary.

Complete additional contact information fields as necessary.

Click **Continue**.

Remember

- Fields designated with an asterisk (*) are required for eTAR submission. Non-asterisk fields may be necessary for eTAR adjudication.
- Provider information is pre-populated based on the provider number used to log on to Transaction Services.
- If the pre-populated information is not the information of the provider you are trying to submit an eTAR for, you must log off and log on to Transaction Services again using a different provider number.

Remember

- Fields designated with an asterisk (*) are required for eTAR submission. Non-asterisk fields may be necessary for eTAR adjudication.
- Provider information is pre-populated based on the provider number used to log on to Transaction Services.
- If the pre-populated information is not the information of the provider you are trying to submit an eTAR for, you must log off and log on to Transaction Services again using a different provider number



Step 1 - **Completed**